



Optimizing Health by Advancing the Quality of Medication Use

PQA Open Comment Period

PQA's Proposed Standard Measure Set for Pharmacy Accountability in Value-Based Models

Comments Accepted August 22-September 6, 2019

PQA members and the public may submit comments by Friday, September 6, at 5:00pm ET on PQA's approach to creating a standard measure set for pharmacy accountability in value-based models or on individual measure concepts prioritized for the standard set.

BACKGROUND

Community and specialty pharmacy providers have advocated for the development of a new standard set of measures that can be used in pharmacy-plan and pharmacy-PBM agreements. The Centers for Medicare & Medicaid Services (CMS) and the U.S. Congress, through proposed regulation and legislation, have also demonstrated interest in a new standard set of measures. To address this interest, PQA hosted an in-person, workshop to inform its measure development strategy and to gain input on and develop consensus for a standard set of measures that would be appropriate for pharmacy-level accountability. Workshop participants reached consensus on prioritized measures that could be incorporated in value-based models in Medicare Part D and other programs in the future.

PQA then hosted an all-member webinar on August 22 to communicate more broadly among our membership the consensus that was achieved at the workshop. The webinar recording can be accessed [here](#).

WORKSHOP AND CONSENSUS

The "Building Consensus on Measures for Plan-Pharmacy Agreements Workshop" had three objectives:

1. Identify a measure set, which:
 - a. establishes new paradigm for pharmacy-health plan/PBM collaboration for improved medication management and patient outcomes;
 - b. pharmacy stakeholders stand ready to be accountable to; and
 - c. health plans and PBMs also see value
2. Gain health plan and PBM insights and perspectives on measures proposed by pharmacy stakeholders, including recommendations to refine
3. Understand potential for adoption and use of proposed new standard measure set

Workshop participants reached consensus on prioritized measures that could be used in the short-, near- and long-term. This consensus was informed by the practical deadlines for measure availability for upcoming Medicare Plan Years. To address these time-sensitive needs, PQA will:

1. Adapt plan-level measures using administrative claims data for pharmacy-level accountability and evaluate the appropriateness of these pharmacy-level measures for performance assessment (for plan year 2021); and
2. Create pharmacy-level measures de novo (for plan years 2022 and beyond).

A workshop summary (See Appendix A at the end of this document) was distributed to participants, which provided details on the following:

- Background on the Workshop
- Addressing the Question: Why Start Now?
- The Approach to a New Set of Measures
- General Consensus from the Workshop
- Approaches to Measures for Future Plan Years
- Points Raised for Consideration by Stakeholders

The proposed measure set, which includes measures for community pharmacy and specialty pharmacy, along with a brief description of each measure concept, begins on p. 4.

ACTION REQUESTED: PQA MEMBER AND PUBLIC COMMENTS

PQA members and the public are invited to submit comments via the [online commenting tool](#) on PQA's approach as a whole, or on the individual measure concepts prioritized for the standard measure set.

Please note that commenting concludes on September 6, 2019, at 5:00 p.m. ET—no exceptions.

This memo was issued August 22, 2019. A PDF copy is available on the PQA website [here](#).

PQA's Proposed Standard Measure Set for Pharmacy Accountability in Value- Based Models

August 22, 2019

MEASURE CONCEPTS PRIORITIZED FOR A STANDARD MEASURE SET

The tables below outline the measure concepts prioritized for inclusion in a standard measure set by stakeholders that participated in the PQA-convened “Consensus Workshop: Building a Roadmap for Standard Quality Measures.” A brief description of each measure concept then follows.

Table 1. Community Pharmacy Standard Measures

Plan Year	Practical Deadline for Measures	Measure Prioritization	Measure Concepts
2021	Dec. 2019	Prioritized Short-Term	<ul style="list-style-type: none"> • Concurrent Use of Opioids and Benzodiazepines • Statin Use in Persons with Diabetes • Adherence 3 Rates (PDC-DR, RASA, STA) • MTM Program Completion Rate for CMR • Polypharmacy: Use of Multiple Anticholinergics in Older Adults • Proportion of Days Covered: Antiretroviral Medications
2022	Dec. 2020	Prioritized Mid-Term	<ul style="list-style-type: none"> • Pharmacist attestation/ability to report on clinical HEDIS measures • MTM Immunization ACIP Compliance • Medication Therapy Problem Resolution • HbA1c Documentation • BP Documentation • BP Reporting • Primary Medication Non-Adherence
2023 & beyond	Dec. 2021 & beyond	Prioritized Longer-Term	<ul style="list-style-type: none"> • BP Improvement • HbA1c Improvement • Transitions of Care • Behavioral Health (e.g., PHQ-2) • Opioid Measures (e.g., MAT, SUD, Naloxone) • PRO-PMs

Table 2. Specialty Pharmacy Standard Measures

Plan Year	Practical Deadline for Measures	Measure Prioritization	Measures Concepts
2021	Dec. 2019	Prioritized Short-Term	<ul style="list-style-type: none"> • Treatment of Chronic Hepatitis C: Completion of Therapy • Adherence to Non-infused Disease Modifying Agents Used to Treat Multiple Sclerosis • Adherence to Non-infused Biologic Medications Used to Treat Rheumatoid Arthritis • Proportion of Days Covered: Antiretroviral Medications

Plan Year	Practical Deadline for Measures	Measure Prioritization	Measures Concepts
2022	Dec. 2020	Prioritized Mid-Term	<ul style="list-style-type: none"> Specialty Pharmacy Turnaround Time Drug-Drug Interaction Consultation
2023 & beyond	Dec. 2021 & beyond	Prioritized Longer-Term	<ul style="list-style-type: none"> Early Persistence to Oral Oncolytics

MEASURE CONCEPT DESCRIPTIONS

For the measure concepts below, a higher rate is better, unless otherwise noted.

COMMUNITY PHARMACY

I. Measures for Plan Year 2021 (to be completed by PQA by December 2019-January 2020)

Adapt plan-level measures to the pharmacy-level of analysis and evaluate the appropriateness of these pharmacy-level measures for performance assessment

PQA has developed, tested, and endorsed measures intended for health plan performance comparisons. Many of the PQA-endorsed health plan measures currently are used in Medicare quality programs, as well as other national-, regional- and state-level programs.

The development process will include:

- Adapting the narrative specifications of the measures to reflect pharmacy-level analysis
- Applying an attribution method to determine which individuals the pharmacy, or specialty pharmacy would be accountable for in the measures (i.e., the individuals that fall into the denominator for the respective pharmacy/specialty pharmacy)
- Using administrative claims data to assess feasibility, validity and reliability of the measures at the pharmacy-level of analysis
- PQA endorsement

The measures that prove to be feasible, valid and reliable would then be recommended for inclusion in a standard set of pharmacy-level measures for the intended use of pharmacy performance assessment and could be used within pharmacy-plan and pharmacy-PBM contracts for Medicare Part D.

To support alignment of measures across programs, and aligned with the interest of stakeholders that participated in the PQA-convened *Consensus Workshop: Building a Roadmap for Standard Quality Measures*, PQA plans to adapt and test the following health plan measures as pharmacy measures:

1. Concurrent Use of Opioids and Benzodiazepines (COB): The percentage of individuals ≥ 18 years of age with concurrent use of prescription opioids and benzodiazepines (NQF #3389)
Use: Medicare Part D Patient Safety Reports since 2018; will be added to Medicare Part D Display page for 2021 and 2022; CMS will consider rulemaking to include in Medicare Part D Star

Ratings beginning with 2023; Medicaid Adult Core Set since 2018; Medicaid 1115 Substance Use Disorder Demonstrations

2. Statin Use in Persons with Diabetes (SUPD): The percentage of individuals ages 40 to 75 years who were dispensed a medication for diabetes that receive a statin medication (NQF #2712)
Use: Medicare Part D Star Ratings 2019, 2020
3. Adherence for Diabetes (PDC-DR): The percentage of individuals 18 years and older who met the Proportion of Days Covered (PDC) threshold of 80% during the measurement year for diabetes all class (NQF #0541)
Use: Medicare Part D Star Ratings
4. Adherence for Hypertension (PDC-RASA): The percentage of individuals 18 years and older who met the PDC threshold of 80% during the measurement year for renin angiotensin system antagonists (NQF #0541)
Use: Medicare Part D Star Ratings
5. Adherence for Cholesterol (PDC-STA): The percentage of individuals 18 years and older who met the PDC threshold of 80% during the measurement year for statins (NQF #0541)
Use: Medicare Part D Star Ratings
6. Completion Rate for Comprehensive Medication Review (CMR): The percentage of prescription drug plan members who met eligibility criteria for medication therapy management (MTM) services and who received a comprehensive medication review (CMR) during the eligibility period.
Use: Medicare Part D Star Ratings
7. Polypharmacy: Use of Multiple Anticholinergics in Older Adults (POLY-ACH): The percentage of individuals ≥ 65 years of age with concurrent use of ≥ 2 unique anticholinergic medications
Use: Medicare Part D Patient Safety Reports 2019, 2020; will be added to Medicare Part D Display page for 2021 and 2022; CMS will consider rulemaking to include in Medicare Part D Star Ratings beginning with 2023
8. Adherence to Antiretrovirals (PDC-ARV): The percentage of individuals 18 years and older who met the Proportion of Days Covered (PDC) threshold of 90% for ≥ 3 antiretroviral medications during the measurement year
Use: Medicare Part D Patient Safety Reports

II. Measures for Plan Year 2022 and beyond (to be completed by December 2020)

Create pharmacy-level measures de novo

The new pharmacy-level measures would be specified, tested and endorsed for the intended use of pharmacy performance assessment. Depending on what is being measured, the data sources could include claims data, pharmacy system data, lab data, patient-reported data, and others.

1. Pharmacist attestation/ability to report on clinical HEDIS measures
2. Immunization Status Assessment within Medication Therapy Management (MTM-ACIP): The percentage of immunization status assessments documented as Advisory Committee on Immunization Practices (ACIP) compliant among individuals 19 years and older who were eligible for medication therapy management (MTM) services.

3. Medication Therapy Problem Resolution (MTPR): The percentage of medication therapy interventions that resolve medication therapy problems among individuals participating in a Medication Therapy Management (MTM) program.

Use: Monitoring measure, PQA-endorsed May 2019

Note: Monitoring measures are intended to promote standardized documentation and reporting of healthcare processes, intermediate outcomes, or outcomes and may be used for standardized reporting requirements for monitoring or surveillance purposes but not for accountability programs. The Medication Therapy Problem Resolution monitoring measure is based on the PQA Medication Therapy Problem Categories Framework and evaluates the percentage of interventions that resolve medication therapy problems among individuals participating in an MTM program.

4. Hemoglobin A1c (HbA1c) Documentation: The percentage of pharmacy patients 18 years and older with one or more prescription fills for a diabetes medication with HbA1c values documented [frequency] by the pharmacy within the measurement year. Attestation of documentation provided to the health plan
5. Blood Pressure (BP) Documentation: The percentage of pharmacy patients 18 to 85 years of age with hypertension* with BP reading documented [frequency] by the pharmacy within the measurement year. Attestation of documentation provided to the health plan.
6. Blood Pressure (BP) Reporting: The percentage of pharmacy patients 18 to 85 years of age with hypertension for whom [frequency] BP readings were reported to the health plan by the pharmacy within the measurement year
7. Primary Medication Nonadherence (PMN): The percentage of prescriptions for chronic medications e-prescribed by a prescriber and not obtained by the patient in the following 30 days. A lower rate is better.

III. Measures for Plan Year 2023 and beyond (to be completed by December 2021 and beyond)

Create pharmacy-level measures de novo

The new pharmacy-level measures would be specified, tested and endorsed for the intended use of pharmacy performance assessment. Depending on what is being measured, the data sources could include claims data, pharmacy system data, lab data, patient-reported data, and others.

1. Blood Pressure (BP) Improvement: The percentage of pharmacy patients 18 to 85 years of age with hypertension* whose BP reading was lower than baseline [or XX reduction from baseline] or at goal as of the last reading in the measurement year.
2. Hemoglobin A1c (HbA1c) Improvement: The percentage of pharmacy patients 18 years and older with one or more prescription fills for a diabetes medication whose most recent HbA1c value was lower than baseline [or XX reduction from baseline] within the measurement year.
3. Transitions of Care
4. Behavioral Health (e.g., PHQ-2)
5. Opioid Measures (e.g., MAT, SUD, Naloxone)
6. PRO-PMs

SPECIALTY PHARMACY

I. Measures for Plan Year 2021 (to be completed by PQA by December 2019-January 2020)

Adapt plan-level measures to the pharmacy-level of analysis and evaluate the appropriateness of these pharmacy-level measures for performance assessment

See p. 5 for a description of the development process.

To support alignment of measures across programs, and aligned with the interest of stakeholders that participated in the PQA-convened *Consensus Workshop: Building a Roadmap for Standard Quality Measures*, PQA plans to develop and test the following health plan measures as pharmacy measures:

1. Treatment of Chronic Hepatitis C: Completion of Therapy (HCV): The percentage of individuals 18 years and older who initiated antiviral therapy during the measurement year for treatment of chronic Hepatitis C, and who completed the minimum intended duration of therapy with no significant gap(s) in therapy.
Use: Specialty Pharmacy Accreditation programs
2. Adherence to Non-Infused Disease Modifying Agents Used to Treat Multiple Sclerosis (PDC-MS): The percentage of individuals 18 years and older who met the PDC threshold of 80% during the measurement year for disease-modifying agents used to treat multiple sclerosis.
Use: Specialty Pharmacy Accreditation programs
3. Adherence to Antiretrovirals (PDC-ARV): The percentage of individuals 18 years and older who met the PDC threshold of 90% for ≥ 3 antiretroviral medications during the measurement year.
Use: Medicare Part D Patient Safety Reports, Medicaid Managed Care contracts; Specialty Pharmacy Accreditation programs
4. Adherence to Non-Infused Biologic Medications Used to Treat Rheumatoid Arthritis (PDC-RA): The percentage of individuals 18 years and older with rheumatoid arthritis (RA) who met the PDC threshold of 80% during the measurement year for biologic medications used to treat RA.
Use: Medicaid Managed Care contracts; Specialty Pharmacy Accreditation programs

II. Measures for Plan Year 2022 and beyond (to be completed by December 2020)

Create pharmacy-level measures de novo

The new pharmacy-level measures would be specified, tested and endorsed for the intended use of pharmacy performance assessment. Depending on what is being measured, the data sources could include claims data, pharmacy system data, lab data, patient-reported data, and others.

1. Specialty Pharmacy Turnaround Time: The average number of days between a specialty pharmacy receiving a new prescription for a specialty medication and the prescription being ready for pick-up or scheduled for delivery. A lower average turnaround time indicates better performance.

Note: This is a PQA measure concept in development, which is anticipated to move into the testing phase of development in Q4 2019.

2. Drug-Drug Interaction Consultation

III. Measures for Plan Year 2023 and beyond (to be completed by December 2021 and beyond)

Create pharmacy-level measures de novo

The new pharmacy-level measures would be specified, tested and endorsed for the intended use of pharmacy performance assessment. Depending on what is being measured, the data sources could include claims data, pharmacy system data, lab data, patient-reported data, and others.

1. Early Persistence to Oral Oncolytics

Appendix A: PQA Summary from Building Consensus on Measures for Plan-Pharmacy Agreements

PQA Summary from
Building Consensus on Measures for Plan-Pharmacy Agreements:
A Workshop to Develop a Roadmap for Standard Quality Measures
July 31- August 1, 2019

The Pharmacy Quality Alliance (PQA) hosted a two-day workshop with community pharmacy, specialty pharmacy, health plan and PBM stakeholders to build consensus on measures for plan-pharmacy agreements. Discussion focused primarily on measures that could be incorporated in value-based models in Medicare Part D.

Workshop participants reached consensus on prioritized measures that could be used in the short, near and long term. This consensus was informed by the practical deadlines for measure availability for upcoming Medicare Plan Years. To address these time-sensitive needs, PQA will:

1. Re-specify plan-level measures to the pharmacy-level of analysis and evaluate the appropriateness of these pharmacy-level measures for performance assessment; and
2. Create pharmacy-level measures de novo.

In addition to establishing workstreams for these measurement needs, PQA will continue to build consensus around the workshop's conclusions. PQA will share the workshop's results with its Board and members and ensure broader input from PQA members and other relevant stakeholders. This workshop summary is the first part of that effort, which will be complemented by webinars, meetings and engagements. PQA is committed to developing consensus-based measures that are patient-centered, focused on improving care and of value to both pharmacies and payers.

This summary document provides details on the workshop and includes six sections:

- Background on the Workshop
- Addressing the Question: Why Start Now?
- The Approach to a New Set of Measures: Timelines Mean Everything!
- General Consensus from the Workshop
- Approaches to Measures for Future Plan Years
- Points Raised for Consideration by Stakeholders

The workshop agenda is included as Appendix B. Questions about the workshop and PQA's continuing work to build consensus on measures for plan-pharmacy agreements should be directed to PQA's Performance Measurement Team at MeasureDev@pqaalliance.org.

Background on the Workshop

PQA is a multi-stakeholder, consensus-based membership organization that was established in 2006 as a public-private partnership with the Centers for Medicare and Medicaid Services (CMS) shortly after the implementation of the Medicare Part D Prescription Drug Benefit. PQA's initial purpose was to establish evidence-based, valid and reliable plan-level performance measures for the Part D program. Focused on medication safety, adherence and appropriate use, these measures assess the quality of health plans and the services they cover. PQA measures are among the many measures used in the Part D Star Ratings program for accountability and the Display and Patient Safety programs to monitor plan performance for quality improvement.

Community and specialty pharmacy providers have advocated for the development of a new standard set of measures that can be used in pharmacy-plan and pharmacy-PBM contracting. They seek a set of measures that have been assessed and tested *specifically* for pharmacy-level importance, reliability, validity, feasibility and usability. Appropriately, they want these pharmacy-level measures to be used, in lieu of plan-level measures, in agreements between plans and pharmacies. Measures used in accountability programs must be tested at the level of attribution before taking them from one setting and applying them to another.¹

As an experienced developer of quality measures for medication use and medication services and through its consensus-based process, PQA is the most appropriate entity to develop a new standard set of measures that can be used in plan-pharmacy agreements.

As a potential new set of measures is considered, several priorities jointly shared by pharmacy and plan stakeholders have emerged:

- There is a short-term opportunity for new measures to be used in Medicare Part D agreements, as well as longer-term opportunities for Medicare and other agreements.
- There is recognition that front-line pharmacists can provide clinical services beyond encouraging improved adherence to optimize patient outcomes, which include screening and monitoring for intermediate outcomes (e.g., blood pressure, hemoglobin A1c).
- Measures should be patient-centered and focused on improving care.
- There must be appropriately aligned incentives around quality measurement for all parties and appropriate use of measures in the marketplace.

PQA convened an in-person, invitational workshop, July 31-August 1, in Alexandria, Va., to inform the creation of a roadmap for a standard set of measures that would be appropriate for pharmacy-level accountability. See Appendix B for the workshop agenda. Forty-five individuals attended the workshop, including representatives of community pharmacy, specialty pharmacy, health plans and PBMs, PQA staff, and guests. Facilitated by Cliff Goodman, PhD, Senior Vice President of The Lewin Group, the workshop had three objectives:

¹ Accurately Assigning Accountability for Patient Care: NQF's Guide to Selecting an Attribution Model. December 2016, Available at: http://www.qualityforum.org/Publications/2016/12/Attribution_-_Principles_and_Approaches.aspx. Accessed on 8/5/2019.

1. Identify a measure set, which:
 - a. establishes new paradigm for pharmacy-health plan/PBM collaboration for improved medication management and patient outcomes;
 - b. pharmacy stakeholders stand ready to be accountable to; and
 - c. health plans and PBMs also see value
2. Gain health plan and PBM insights and perspectives on measures proposed by pharmacy stakeholders, including recommendations to refine
3. Understand potential for adoption and use of proposed new standard measure set

Addressing the Question: Why Start Now?

Before summarizing the findings of the workshop, it is important to answer the question posed by several attendees during the workshop and prior to the workshop: “Why start now?” The answer is simple and two-fold:

First, quality measure development takes time.

The average development time of a de novo measure is 18-24 months. Respecifying existing measures that have been developed for one intended use and ensuring reliability and validity for a different use also takes time. PQA believes respecifying existing measures could be conducted in five months, if appropriate access to the right data sources from volunteer testers is made available.

Second, we cannot anticipate whether Congress or the administration will act on proposals to require a new set of standard measures.

PQA, as a multi-stakeholder, consensus-based convener, would develop a new set of measures, starting within the next 30-45 days, if we received feedback that this new standard set of measures could be adopted in the marketplace on a voluntary basis. Absent a federal mandate, these measures could still play a meaningful role in measuring what matters in the Medicare Part D program, and in other value-based models outside of Medicare. This proactive, forward-looking approach was a critical mindset for the workshop.

The Approach to a New Set of Measures: Timelines Mean Everything!

PQA’s approach to convening this workshop was tied to identifying measures that could be used in the short, near and long term. These timeframes were identified and mapped to upcoming Medicare Plan Year contracting periods. For measures to be used in Plan Year 2021, PQA is working under the assumption that measures would be needed to be fully developed or fully respecified by December 2019 to be considered in value-based arrangements between plans and pharmacies.

Table 1 outlines the practical measure development timelines for the next three plan years and includes the types of measures that stakeholders could consider, recognizing the practical deadlines for measure availability.

Table 1. Measurement Opportunities by Plan Year

Plan Year	Practical Deadline for Measures	Measure Prioritization	Measurement Opportunities (based on feasibility in consideration of deadlines and contract cycles)
2021	Dec. 2019	Prioritized Short-Term	<ul style="list-style-type: none"> Adapt plan-level measures included in CMS quality programs to establish pharmacy-level and/or network-level performance measures Existing measures aligned with services provided by pharmacies
2022	Dec. 2020	Prioritized Near-Term	<ul style="list-style-type: none"> New pharmacy-level measures aligned with services provided by pharmacies
2023 and beyond	Dec. 2021 and beyond	Prioritized Longer-Term	<ul style="list-style-type: none"> De novo performance measures aligned with pharmacy services and/or outcomes (development timeline dependent on data availability)

Note: These timelines are for measure specification and testing only.

Based on measure ideas shared by community and specialty pharmacy stakeholders, and additional research by PQA’s performance measurement team, PQA staff drafted a list of proposed measures for consideration and distributed to confirmed workshop participants for review in advance of the meeting. For the first day of the workshop, PQA invited community and specialty pharmacy representatives to vet the proposed lists and to suggest additional measures that could be developed for pharmacy-level accountability that would be appropriate to include in a standard measure set.

We also invited physicians that have been involved with PQA to share their insights, given their experience with performance measures as practicing physicians being measured and their roles within organizations including health systems, clinics, pharmacies and quality improvement organizations.

It is important for the measure set to have value for all parties engaging in plan-pharmacy and PBM-pharmacy arrangements; therefore, we invited health plan and PBM representatives to participate on the second day of the workshop. The discussions included a lively exchange of viewpoints and perspectives, balanced with the realities of programmatic frameworks of large payor programs, such as Medicare, to determine whether this path forward and the measures outlined for use in future plan year contracting resonated with all stakeholders.

General Consensus from the Workshop

Participants broadly agreed that we need to get started by sharing the workshop’s findings with PQA’s Board and membership, socializing the findings with the staffs and constituencies of organizations that participated in the workshop, ensuring broader input from relevant stakeholders, and establishing appropriate workstreams to support continued progress. PQA will advance these four themes in the months ahead:

I. Get Started:

- a. Share findings with PQA’s Board of Directors. PQA will share this summary document with its Board of Directors and ensure that their questions, perspectives and strategic direction are taken into full account. PQA was pleased to have seven members of its Board participate in the workshop, including the Chair and several Executive Committee members. Additionally, there were representatives from other Board members’ organizations in attendance that participated actively in the dialogue on both days.
- b. Share findings with PQA’s membership. PQA will host an all-member webinar on Thursday, August 22, to share the consensus that was achieved at the workshop. We will encourage all PQA members among health plans, pharmacies and PBMs to attend this webinar and share their feedback.

II. Socialize the Findings

- a. PQA offered to join conference calls or webinars with organizations that attended the workshop to socialize the event’s consensus with their relevant staffs. PQA recognizes that the discussion impacts cross-functional teams within an organization as it relates to quality, clinical services, measurement, network administration, and plan-pharmacy agreements. These conversations will help PQA gain broader input and insights for its subsequent work.
- b. The offer to host these conference calls or webinars also extends to the associations that are members of PQA that have an important member constituency from which they need to gather input. If an association wants to host a webinar for their membership, PQA would be pleased to participate and receive additional input.

III. Ensure Broader Input

- a. PQA has a network of leadership contacts within health plan associations including America's Health Insurance Plans, Alliance of Community Health Plans, Association for Community Affiliated Plans, Blue Cross Blue Shield Association, and others that we could engage to share the workshop’s consensus and gather their perspectives. Alternatively, we could also invite them to the August 22 all-member webinar as guests.

IV. Establish Appropriate Workstreams to Support Continued Progress

- a. At the workshop’s conclusion, it was recommended that PQA facilitate progress through two workstreams:
 - i. Structure workstream
 - ii. Pharmacy Measures workstream

As PQA is moving forward to respecify and test selected health plan measures as pharmacy measures, we are seeking volunteers to participate on each of these workstreams. All PQA members representing pharmacy, health plan and PBM stakeholders are welcome to volunteer for these workstreams.

Approaches to Measures for Future Plan Years

Based on the workshop's consensus and in the interest of creating a standard set of measures that could be used in plan-pharmacy agreements, PQA will take two approaches to meet this need, which align with upcoming Medicare Plan Years:

Measures for Plan Year 2021 (to be completed by PQA by December 2019-January 2020)

- **Re-specify plan-level measures to the pharmacy-level of analysis and evaluate the appropriateness of these pharmacy-level measures for performance assessment**
 - PQA has developed, tested, and endorsed measures intended for health plan performance comparisons. Many of the PQA-endorsed health plan measures currently are used in Medicare quality programs, as well as other national-, regional- and state-level programs. To support alignment of measures across programs, and aligned with the interest of stakeholders that participated in the PQA-convened *Consensus Workshop: Building a Roadmap for Standard Quality Measures*, PQA plans to re-specify and test the following health plan measures as pharmacy measures:

Community Pharmacy

- *Concurrent Use of Opioids and Benzodiazepines*
- *Statin Use in Persons with Diabetes*
- *Adherence: 3 Rates (RASA, DR, STA)*
- *MTM Program Completion Rate for CMR*
- *Polypharmacy: Use of Multiple Anticholinergics in Older Adults*

Specialty Pharmacy

- *Treatment of Chronic Hepatitis C: Completion of Therapy (HCV)*
- *Adherence to Non-Infused Disease Modifying Agents Used to Treat Multiple Sclerosis (PDC-MS)*
- *Adherence to Antiretrovirals (PDC-ARV)*
- *Adherence to Non-Infused Biologic Medications Used to Treat Rheumatoid Arthritis (PDC-RA)*

The re-specification process will include:

- Refining the narrative specifications of the measures to reflect pharmacy-level analysis
- Applying an attribution method to determine which individuals the pharmacy, or specialty pharmacy would be accountable for in the measures (i.e., the individuals that fall into the denominator for the respective pharmacy/specialty pharmacy)

- Using administrative claims data to assess feasibility, validity and reliability of the measures at the pharmacy-level of analysis
- Reviewing the new specifications and testing results with a technical expert panel

The measures that prove to be feasible, valid and reliable would then be recommended for inclusion in a standard set of pharmacy-level measures for the intended use of pharmacy performance assessment and could be used within pharmacy-plan and pharmacy-PBM contracts for Medicare Part D.

Measures for Plan Year 2022 and beyond (to be completed by December 2020-January 2021)

- **Create pharmacy-level measures de novo**
 - Community pharmacy, specialty pharmacy, and health plan and PBM stakeholders also are interested in new measures that would reflect services provided by pharmacies (e.g., reporting Hemoglobin A1c values) and specialty pharmacies.

The new pharmacy-level measures would be specified, tested and endorsed for the intended use of pharmacy performance assessment. Depending on what is being measured, the data sources could include claims data, pharmacy system data, lab data, patient-reported data, and others.

Points Raised for Consideration by Stakeholders

The workshop generated a collaborative and productive dialogue among pharmacy, health plan and PBM representatives on Day 2. The following points summarize important measurement opportunities and challenges to be considered in our continued work. These points will inform our workstreams, measure development and any additional efforts needed to advance pharmacy-level quality measurement.

- Alignment of incentives is critical. Pharmacy representatives prioritized the short-term measures for Plan Year 2021, due to their alignment with measures that health plans are held to by CMS in the Stars/Display program.
- New measures must be incorporated into value-based models in Medicare Part D. The alignment around financial incentives is as important as the alignment around measurement.
- Stakeholders were generally aligned on this new direction, recognizing that flexibility on timelines may be critical.
- Health plan stakeholders asked if other measures could be included, and if there is room for expansion—answer is yes.
- Health plans asked how pharmacies can help with the HEDIS measure, *Statin Therapy for Patients with Cardiovascular Disease*. Pharmacy representatives responded that currently when making calls to prescribers, the lack of complete information

(specifically, the lack of patient diagnosis data at the point of care in a pharmacy) makes this measure challenging for pharmacists to impact.

- Question was raised around pharmacist-provided clinical services and the lack of ability to have this attributed to pharmacists/pharmacies in the HEDIS measurement set. Suggested action for follow-up includes a core group of health plans, together with community pharmacies, pursuing a meeting/dialogue with NCQA to see if supplemental data, provided by the pharmacy in an interoperable manner would be considered for attribution.
- If pharmacy data could be included in the HEDIS measurement supplemental data set, how can that be an opportunity for payors and pharmacies to align? It was noted that this action step should be taken in parallel with PQA respecifying these screening and monitoring types of measures for pharmacy accountability.
- Pharmacy stakeholders pointed out that there needs to be a runway, similar to the evolution in physician quality measurement (i.e., PQRS → meaningful use → MACRA), whereby pharmacies initially attest to performing the clinical service and then progress along a continuum for reporting, improvement, and outcomes (e.g., Hemoglobin A1c testing → HbA1c value reported → improvement in HbA1c → HbA1c at goal) – with improvement and outcomes included in arrangements where the pharmacy is accountable.
- Other areas for measure development that fell into a longer-term category was the role of the pharmacist in transitions of care, and the role of the pharmacist in behavioral healthcare (e.g., the administration of a PHQ-9 screening tool). It was reiterated in both cases, that data availability (e.g., timely notification of hospital discharge) would be critical for pharmacists/pharmacies to impact and for the measures to be meaningful.
- Measuring the Patient Experience at the Pharmacy Level: a great deal of conversation was held around the CAHPS Survey for Medicare beneficiaries and the fact that it could be beneficial to have pharmacy experience data built into the supplemental questions that could be added to CAHPS. This is an area for further exploration. Potential follow-on activity with a subgroup of experts to look more into this opportunity.
- Interoperability and diagnosis codes will be two critical factors to being able to successfully develop many of the future-looking measures that should come into play to truly re-imagine the collaborative roles pharmacists can have with their health plan and PBM counterparts.
- Stakeholders are aligned on PQA working on short-term respecified measures while in parallel with initiating development on longer term measures.

Appendix B: PQA Workshop Agenda

Building Consensus on Measures for Plan-Pharmacy Agreements:

A Workshop to Develop a Roadmap for Standard Quality Measures

July 31–August 1, 2019

Alexandrian Hotel, 480 King Street, Alexandria, VA 22314

Day 1 (Wednesday, July 31, 2019)

8:00-8:30 a.m.	Continental Breakfast
8:30-9:00 a.m.	Welcome, Introductions, Acknowledgement and Review of Antitrust Statement, and Review of Workshop Objectives (Cliff Goodman, Lewin Group, and Laura Cranston, PQA)
9:00-10:00 a.m.	What Makes a Good Measure (Karen Johnson, NQF)
10:00-10:30 a.m.	Approach to Creating a Standard Set of Measures (Cliff Goodman, Lewin Group, and Lynn Pezzullo, PQA)
10:30-10:45 a.m.	Break
10:45 a.m.-12:00 p.m.	Discussion of Measure Ideas for a Standard Set for Plan-Pharmacy Agreements (Lisa Hines and Lynn Pezzullo, PQA)
12:00-1:00 p.m.	Lunch
1:00-3:15 p.m.	Breakout Sessions (Community and Specialty Pharmacy Prioritize Measures)
3:15-3:30 p.m.	Break
3:30-4:30 p.m.	Breakout Session Report Outs and Next Steps (Cliff Goodman, Lewin Group, and Lynn Pezzullo, PQA)
4:30 p.m.	Adjourn
5:00-6:30 p.m.	Networking Reception

Day 2 (Thursday, August 1, 2019)

8:00-8:30 a.m.	Continental Breakfast
8:30-9:00 a.m.	Welcome, Introductions, Acknowledgement and Review of Antitrust Statement, and Review of Workshop Objectives (Cliff Goodman, Lewin Group, and Laura Cranston, PQA)
9:00-10:00 a.m.	Gaining Input and Feedback on the Measures Prioritized by Community Pharmacy and Specialty Pharmacy (Cliff Goodman, Lewin Group)
10:00-10:15 a.m.	Break
10:15-11:15 a.m.	Gaining Input and Feedback on the Measures Prioritized by Community Pharmacy and Specialty Pharmacy (cont'd) (Cliff Goodman, Lewin Group)
11:15 a.m.-12:00 p.m.	Defining Next Steps, Timelines, and Commitments from PQA and from Stakeholders (Cliff Goodman, Lewin Group, and Laura Cranston and Lynn Pezzullo, PQA)
12:00 p.m.	Adjourn